

PUBLIC HEALTH COUNCIL

Meeting of the Public Health Council, held Tuesday, April 27, 2004, at 10:00 a.m., at the Massachusetts Department of Public Health, Henry I. Bowditch Public Health Council Room, 250 Washington Street, Boston, Massachusetts. Public Health Council Members present were: Ms. Suzanne B. Thomson, Deputy Commissioner, Acting as Chair; Ms. Maureen Pompeo, Mr. Albert Sherman, Ms. Janet Slemenda, Dr. Thomas Sterne, Mr. Gaylord Thayer, Jr. and Dr. Martin Williams. Absent Council Members were: Commissioner/Chair Christine Ferguson; Ms. Phyllis Cudmore and Mr. Manthala George, Jr. Also in attendance was Attorney Donna Levin, General Counsel.

Deputy Commissioner Thomson announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance, in accordance with the Massachusetts General Laws, Chapter 30A, Section 11A ½.

The following members of the staff appeared before the Council to discuss and advise on matters pertaining to their particular interests: Ms. Christine Macaluso, Epidemiologist, and Mr. Zi Zhang, Director, Health Survey Program, Center for Health Information, Statistics, Research and Evaluation; Dr. Bruce Cohen, Director, Center for Health Information, Statistics, Research, and Evaluation; Ms. Sally Fogerty, Assistant Commissioner, Center for Community Health; Ms. Joyce James, Director, Determination of Need Program; and Dr. Paul Dreyer, Assistant Commissioner, Center for Quality Assurance and Control.

RECORDS OF THE PUBLIC HEALTH COUNCIL MEETING OF NOVEMBER 18, 2003:

Records of the Public Health Council Meeting of November 18, 2003 were presented to the Council for approval. After consideration, upon motion made and duly seconded, it was voted: (unanimously) to approve the Records of the Public Health Council Meeting of November 18, 2003 as presented.

PERSONNEL ACTIONS:

In letters dated April 8, 2004, Val W. Slayton, MD, MPP, Interim Director of Medical Services, Tewksbury Hospital, Tewksbury, recommended approval of the appointments and reappointments to the various medical staffs of Tewksbury Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with recommendation of the Interim Director of Medical Services of Tewksbury Hospital, under the authority of the Massachusetts General Laws, chapter 17, section 6, the following appointments and reappointments to the various medical staffs of Tewksbury Hospital be approved for a period of two years beginning April 1, 2004 to April 1, 2006:

<u>APPOINTMENTS:</u>	<u>MASS. LICENSE NO.:</u>	<u>STATUS/SPECIALTY:</u>
Alexander Kozlovsky, MD	155763	Provisional Active/Psychiatry
Kathleen Sciuto, RNC	155434	Provisional Allied Nurse Practitioner
Val W. Slayton, MD, MPP	70617	Provisional Active Internal Medicine
<u>REAPPOINTMENTS:</u>	<u>MASS. LICENSE NO.:</u>	<u>STATUS/SPECIALTY:</u>
Paul Heffernan, DPM	1866	Consultant Podiatry
Steven Hersch, MD	210200	Consultant Neurology
Peter Whitney Wolff, MD	75571	Active Psychiatry

In a letter dated April 12, 2004, Paul Romary, Executive Director, Lemuel Shattuck Hospital, Jamaica Plain, recommended approval of the appointment and reappointments to the various medical staffs of Lemuel Shattuck Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with recommendation of the Executive Director of Lemuel Shattuck Hospital, under the authority of the Massachusetts General Laws, chapter 17, section 6, the following appointment and reappointments to the various medical staffs of Lemuel Shattuck Hospital be approved:

<u>APPOINTMENT:</u>	<u>MASS. LICENSE NO.:</u>	<u>STATUS/SPECIALTY:</u>
Adivi Kinkhabualala, MD	219763	Consultant/Internal Medicine
<u>REAPPOINTMENTS:</u>	<u>MASS. LICENSE NO.:</u>	<u>STATUS/SPECIALTY:</u>
David MacMillan, MD	76602	Active/Psychiatry
Robert Jampel, PhD	1634	Allied Health Professional

STAFF PRESENTATION: “GEOGRAPHIC AND ECONOMIC PATTERNS IN HEALTH RISKS AND BEHAVIORS – RESULTS FROM THE 2002 MASSACHUSETTS BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM”, By Christine Macaluso, Epidemiologist, and Zi Zhang, Director, Health Survey Program, Center for Health Information, Statistics, Research and Evaluation:

Staff made a slide presentation and noted in part, “The Behavioral Risk Factor Surveillance System (BRFSS) is a random digit dial telephone survey of Massachusetts residents ages 18 years and older. The BRFSS collects information from a sample of Massachusetts residents on a wide variety of topics such as health risks, preventive health behaviors, health conditions, and emerging health issues. Massachusetts has conducted

the BRFSS since 1986. In 2002, 7,429 interviews were conducted among Massachusetts adults.” Highlights from the 2002 Massachusetts BRFSS are presented below:

- Approximately 13% of Massachusetts adults described their overall health as fair or poor, with more Hispanic adults (27%) reporting fair or poor health than any other race-ethnicity group. Nine percent of Massachusetts adults reported 15 or more days of poor mental health during the previous month. Adults ages 18-24 (14%) reported the highest percentage of 15+ days of poor mental health.
- Seven percent of Massachusetts adults reported feeling sad or depressed for 15 or more days in the past month, while nearly 9% felt physical pain for 15 or more days in the past month. Eleven percent of both Black and Hispanic adults reported feeling depressed compared to White adults (7%) or Asian adults (3%).
- Nearly 8% of Massachusetts adults ages 18-64 reported being insured, 10% of men and 6% of women. Younger adults (18-24 years) were the most likely to be insured (13%). Approximately 88% of Massachusetts adults reported having a personal health care provider, 83% of men and 91% of women. The percentage of those who reported having a personal health care provider increased with increasing age, education and income.
- Overall, 77% of Massachusetts adults reported visiting the dentist in the past year. Women (80%) were more likely than men (74%) to have visited a dentist in the past year and Hispanic adults (65%) were the least likely to have visited a dentist in the past year when compared with Whites (79%), Blacks (74%), or Asians (71%). Approximately 18% of Massachusetts adults reported having six or more teeth missing due to disease or decay.
- Among Massachusetts adults, 19% were current smokers, and 2% were heavy smokers (smoking more than 20 cigarettes per day). Young adults (ages 18-24) were more likely to be current smokers (24%) than any other age group, but less likely to be heavy smokers (1%). Current smoking rates were only slightly different among White (19%), Black (17%), and Hispanic (21%) adults. Heavy smoking was higher among men (3%) than women (1%). White adults (2%) were more likely to be heavy smokers than both Black and Hispanic adults (1%).
- Overall, 60% of current smokers had attempted to quit during the past year and 34% were planning to quit within the next 30 days. Nearly equal percentages of Hispanic adults (61%) and White adults (60%) reported a quit attempt in the past year. Hispanic adults (47%) were more likely than White adults (32%) to report that they planned to quit smoking in the next 30 days.
- Approximately 68% of Massachusetts adults lived in households where smoking is prohibited. Approximately 57% of adults supported a smoking ban in restaurants with Hispanic adults (72%) more likely to support a ban than White adults (56%), Black adults (68%) and Asian adults (46%). Adults in the western

region (66%) of the state were more likely to support a smoking ban in restaurants than adults in other regions of the state.

- Approximately 18% of Massachusetts adults reported binge drinking in the past month, while 8% reported heavy drinking in the past month. Men were almost three times more likely to report binge drinking (28%) than women (9%). Younger adults (18-24 years) were more likely to report both binge drinking (38%) and heavy drinking (13%) than adults in all other age groups.
- Overall, 55% of Massachusetts adults were considered to be overweight, while 18% were considered to be obese. Black (65%) and Hispanic (59%) adults were more likely than White (55%) or Asian (32%) adults to be overweight. Black adults (29%) were more likely to be obese than White (18%), Hispanic (22%), and Asian (6%) adults.
- Overall, 79% of Massachusetts adults reported participating in some exercise over the past month, while 51% participated in regular physical activity. Black (55%) and White (52%) adults were more likely to participate in regular physical activity than Hispanic (36%) and Asian (37%) adults. The percentage of adults participating in regular physical activity increased with increasing education and income.
- Nearly 30% of Massachusetts adults consumed five or more servings of fruit and vegetables per day. Thirty-five percent of women reported consuming five or more servings of fruit and vegetables per day compared with 24% of men. Black adults (23%) were less likely than White (30%), Hispanic (27%), or Asian (31%) adults to report eating five or more fruit and vegetables per day. The percentage of adults consuming five or more fruit and vegetables per day increased with increasing education.
- Among adults ages 50-64, 39% received a flu vaccination, while among adults ages 65 and older, 73% received a flu vaccination in the past year. Among adults ages 65 and older, 63% reported ever receiving a pneumonia vaccination.
- Overall, 6% of Massachusetts adults reported having diabetes. The percentage of adults reporting diabetes increased with increasing age after age 35. The percentage of adults reporting diabetes decreased with increasing education and income. Black adults (12%) were more likely to report being diagnosed with diabetes, than both White and Hispanic adults (6%).
- Overall, 13% of Massachusetts adults reported having ever been told by a doctor that they had asthma. The percentage of adults who ever had asthma was highest among young adults, ages 18-24 (20%). Approximately 9% of Massachusetts adults reported currently having asthma. Hispanic adults were more likely to report ever having asthma (15%) and to report currently having asthma (11%)

than any other race-ethnicity group.

- Twenty-one percent of Massachusetts adults reported having a disability or limitation. Nearly 5% of Massachusetts adults reported that they required help with daily activities as a result of having a disability. The percentage of men and women reporting a disability were similar (20% of men, 22% of women).
- Overall, 38% of Massachusetts adults, ages 50 and older, reported having had a blood stool test in the past two years and 47% reported having had a sigmoidoscopy or colonoscopy in the past five years. Black adults (47%) were more likely to have had a blood stool test in the past two years compared to White (38%) and Hispanic (35%) adults. Black adults (49%) were also more likely to report having had a sigmoidoscopy or colonoscopy in the past five years compared to White (48%) and Hispanic (35%) adults.
- Fifty-eight percent of Massachusetts men, ages 50 and older, reported having a Prostate-Specific Antigen (PSA) test in the past year and 62% reported having a digital rectal exam (DRE) in the past year. The percentage of men who had a PSA test in the past year increased with increasing age until age 79 and then decreased.
- Among women 40 years of age and older, 83% reported having a mammogram within the past two years. Eighty-six percent of women ages 18 and older reported having a clinical breast exam in the past two years. The percentage of women who reported having a clinical breast exam or a mammogram increased with increasing education and income.
- Eight-eight percent of Massachusetts women reported having a Pap smear in the past three years. White women (89%) were more likely to have had a Pap smear in the past three years than Black (85%), Hispanic (87%), or Asian (67%) women. The percentage of women who had a Pap smear within the past three years increased with increasing education and income.
- Overall, 42% of Massachusetts women reported consuming sufficient calcium daily. White women (44%) were more likely to report consuming sufficient amounts of calcium than Black (23%), Hispanic (33%), or Asian (27%) women. Calcium consumption increased with increasing levels of education. Overall, 17% of women ages 45 and older reported having osteoporosis. The percentage of women ages 45 and older, who reported having osteoporosis, was highest for those with a household income of less than \$25,000 (20%).
- Among sexually active women of reproductive age (18-44) who were currently pregnant or had been pregnant in the past five years, 25% reported having had an unplanned pregnancy. Among sexually active women of reproductive age (18-44) approximately 81% reported using birth control. The percentage of women reporting an unplanned pregnancy, as well as the percentage of women reporting

birth control use decreased with increasing age.

- Ten percent of children were reported to currently have asthma. The percentage of children who currently had asthma was lowest in children 0-4 years old.
- Approximately 1% of Massachusetts adults, who had children living in their home, reported that a child in their home did not have healthcare coverage. Children living in a household with an income less than \$35,000 were less likely to have health care coverage compared to children from households with a higher income.
- Sixty-one percent of Massachusetts adults with children ages 6-17 living in their home reported that a child living in that home had dental sealant on his/her permanent teeth. Children ages 10 and older were more likely to have dental sealant on their teeth than children less than 10 years of age.
- Overall, 47% of Massachusetts adults ages 18-64 reported ever being tested for HIV. Black adults (72%) were more likely to report ever being tested for HIV than Hispanic (58%), White (45%), or Asian (34%) adults. Adults between the ages of 25-34 (63%) were most likely to report having ever been tested for HIV. Thirteen percent of Massachusetts adults reported that they had an HIV test in the past year. Black (27%) and Hispanic (24%) adults were more likely to have been tested for HIV in the past year than White (11%) or Asian (13%) adults.
- Approximately 13% of Massachusetts adults reported having firearms in or around their home. Men (18%) were more likely to report having firearms in or around their home than women (8%). White adults (14%) were more likely to report having firearms in or around their home than any other race-ethnicity group. Adults with an income above \$25,000 were more likely to report having a firearm in or around their home, than adults with an income below \$25,000.
- Forty-eight percent of Massachusetts adults reported that they had ever used an illicit drug. White adults (51%) were more likely to report having ever used an illicit drug than Black (40%), Hispanic (35%) or Asian (15%) adults. The percentage of adults reporting having ever used an illicit drug increased with increasing income. Eight percent of Massachusetts adults reported that they had used an illicit drug in the past 30 days. Young adults ages 18-24 (31%) reported the highest percentage of drug use in the past 30 days compared with older age groups.
- Overall, 72% of Massachusetts adults reported that they always wear seat belts when driving or riding in a car. Women (78%) were more likely to report that they always wear seatbelts than men (65%). Young adults ages 18-24 (66%) were least likely to report that they always wear a seatbelt compared with older age groups. Asian adults (83%) were more likely than Hispanic (74%), White (72%), or Black (61%) adults to report always wearing a seatbelt when driving or riding

in a car.

- Overall, 23% of women and 7% of men, ages 18-59, reported having been sexually assaulted. Women with any college education were more likely than women without any college education to report having ever been sexually assaulted.

NO VOTE/INFORMATION ONLY

PROPOSED REGULATION: INFORMATIONAL BRIEFING ON PROPOSED AMENDMENTS TO DETERMINATION OF NEED REGULATIONS 105 CMR 100.000 GOVERNING APPLICATION FILING DAYS:

Ms. Joyce James, Director, Determination of Need Program, presented the proposed amendments to the Council. She said, “The purpose for us being here today is to inform the Public Health Council of the Department’s intention to proceed to public hearing on proposed amendments to the Determination of Need Regulation: 105 CMR 100.302, Filing Days for Applications and Amendments, set forth in Exhibit A of Staff’s memorandum. The amendments will change the filing day of applications for acute care hospital projects, other than projects for innovative services or new technologies, from the first business day of July to the business day on which the application is received. Spreading out the filing day of such applications over the year will allow the limited DoN staff to better manage its work flow. The amendments also delete an obsolete provision: filing days of applications for replacement and substantial renovation projects of nursing and rest homes located in an urban area that met certain poverty levels and were determined by the Department to have an occupancy rate greater than or equal to 97%. The filing days, on the first business day of May 1996 and 1997, had allowed nursing and rest homes whose physical plants were in poor physical condition to file applications for replacement and renovation during the moratorium on the filing of other such applications.”

Ms. James continued, “Additional amendments also change the filing day of applications for hospital projects that are subject to licensure by the Department pursuant to M.G.L.c.111,§51, other than acute care hospital projects, from the first business day of July to the first business day of September. This change is made to allow applicants additional time for planning and for preparation of applications. The amendments also delete the filing day for all other applications on the first business day of January, since no application currently fits into this category.”

A public hearing will be held on June 1, 2004. Following the public hearing, Staff will return to the Council for final promulgation of these amendments.

NO VOTE/INFORMATION ONLY

DETERMINATION OF NEED GUIDELINES:

REQUEST FOR APPROVAL TO EXTEND THE EXPIRATION DATE OF THE REVISED DETERMINATION OF NEED GUIDELINES FOR CHRONIC DISEASE AND ACUTE INPATIENT REHABILITATION SERVICES:

Ms. Joyce James, Program Director, Determination of Need Program presented the request to extend the expiration date for the Revised Determination of Need Guidelines for Chronic Disease and Acute Inpatient Rehabilitation Services. She said in part, "...We are here to request the Council's approval to extend the expiration date of the attached revised Determination of Need Guidelines for Chronic Disease and Acute Inpatient Rehabilitation Services (the "Guidelines") from April 27, 2004 to April 27, 2005. The Guidelines allow a one-time increase in beds so during the proposed extension period only facilities that have not yet added beds under the Guidelines will be eligible to do so. The Chronic Disease and Acute Inpatient Rehabilitation Services Technical Advisory Group (the "Technical Advisory Group") recommended and Department Staff agreed that the revised guidelines should be extended for another year. During the period of extension, Department Staff, in consultation with Technical Advisory Group will reexamine the Guidelines based on the most current utilization data available from the Division of Health Care Finance and Policy (DHCFP); and consider the impact of the new prospective payment reimbursement system, the current nursing shortage, and other relevant factors on the utilization of and need for new services."

Ms. James said further, "During the period of extension, Department Staff will also be working with the Technical Advisory Group on a problem that may or may not be addressed by the current Guidelines. A telephone survey by the Division of Health Care Quality during the recent influenza season showed few available medical/surgical beds in Metro Boston and only eight vacant medical/surgical beds in Worcester County. Several acute care hospitals have approached the Department with the suggestion that if there were Long Term Care Hospitals (LTCHs) to which post-acute care patients in need of long term acute care services could be transferred, it would help to alleviate the medical/surgical bed shortage and the ensuing back-up of acute care services demand. LTCHs are primarily chronic disease hospitals certified and reimbursed by the Medicare Program of the Center for Medicare and Medicaid Services (CMS) to provide services to post-acute care patients with an average length of stay in excess of 25 days. Patients in LTCHs are generally medically complex and have conditions that include ventilator dependency, multiple medical system failures, complicated infectious conditions, wound care and post-surgical recuperation. The Department will determine the need for additional LTCHs and address any unmet need in new or revised guidelines. In either case Department staff will return to Council as soon as possible with new or revised guidelines for the Council's adoption. The Public Health Council was briefed on the proposed plan to extend the expiration date of the existing Guidelines on March 30, 2004. The proposed plan was released for public comment on March 30, 2004. Comments were received from Edward Kalman of Behar & Kalman representing New England Sinai Hospital. Their comments summarized with Staff's response is included in the Staff

memorandum to the Council, dated April 27, 2004.”

After consideration, upon motion made and duly seconded, it was voted: (unanimously) to approve the **Extension of the Expiration Date of the Revised Determination of Need Guidelines for Chronic Disease and Acute Inpatient Rehabilitation Services** and that a copy be attached and made part of this record as **Exhibit Number 14,785**.

The meeting adjourned at 10:55 a.m.

Suzanne B. Thomson
Deputy Commissioner
Acting Chair

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